

# CMS CONSENT AND RELEASE FORM

I, \_\_\_\_\_, have received the **CMS Client Information Disclosure** and my questions about these documents have been answered. It has been explained to me that \_\_\_\_\_ will collect information about me and/or my family to help that agency provide me with the best possible services. By signing this form I am allowing this agency to put my information into the Client Management System (CMS).

The following items have been explained to me and my questions have been answered:

- I understand that the information in this system will not be used to deny me services such as emergency assistance, outreach, shelter, or housing assistance.
- I understand that the receipt of services is based on agency policy and the requirements of certain funding agencies
- I understand that this written consent allows \_\_\_\_\_ to collect (in writing or direct input), enter, see, and update information about my family and myself in the CMS.
- I understand that \_\_\_\_\_ and the CMS system administrators will never give information that can be used to tell who I am to anyone outside the agency without my written consent or as required through a court order.
- I understand that I may sign a written request to change my release authorization at any time.
- I understand that this release is valid for seven (7) years after the last time I receive services from the agency.
- I understand that I have the right to see my CMS record, ask for changes to the information that it contains, and to have a copy of the information contained in my CMS record from the above named agency by written request.
- I understand that the confidentiality of my records is protected by law.

## **Client Release Authorization (initial below and sign where indicated):**

\_\_\_\_ I understand my information will be shared with participating agencies per Information Disclosure list and for community reporting purposes

\_\_\_\_ I understand this release covers all household members listed on my application and/or accepted into the program now or in the future.

\_\_\_\_\_  
SIGNATURE OF CLIENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF CLIENT OR GUARDIAN

\_\_\_\_\_  
SIGNATURE OF AGENCY WITNESS

\_\_\_\_\_  
DATE